

# Health Maintenance Checklist

Name: \_\_\_\_\_

MR#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Recommendations from ACG and AGA Preventive Care Guidelines <sup>1,2</sup>

Vaccines	Which Patients	How Often
<input type="checkbox"/> COVID-19 (Moderna, Pfizer, Novavax)	All patients with IBD.	Follow <a href="#">CDC recommendations</a> for the general population.
<input type="checkbox"/> Influenza (Fluzone High-Dose, Flublok recombinant, Fluad adjuvanted)	All adult patients with IBD should receive a standard dose. All adults on anti-TNF monotherapy or with a concomitant solid organ transplant. <sup>3</sup> Adults aged ≥65 should receive the high dose, recombinant or adjuvanted inactive influenza vaccine. <sup>4</sup> Immunosuppressed patients should avoid live influenza vaccine (nasal).	Annually.
<input type="checkbox"/> Pneumococcal (PCV15, Vaxneuvance), PCV20 (Pneumovax 23), PCV 21 (CAPVAXIME) or PPSV23 (Pneumovax 23)	All ≥19 years of age receiving systemic immunosuppression. <sup>a</sup>  All adults with IBD 50 years of age who have not received a vaccine.	See Figure
<input type="checkbox"/> Recombinant Herpes Zoster (RZV) (adjuvanted non-live) SHINGRIX	All adults with IBD ≥19 years of age. <sup>5</sup>	Two-dose series administered 1-2 months apart, if on immunosuppression. If not, 2-6 months apart.
<input type="checkbox"/> Human Papillomavirus (HPV) 9valent GARDASIL	Adults 27-45* shared decision who are likely to have a new sexual partner.	Three-dose series at 0, 1-2 months, and 6 months.
<input type="checkbox"/> Respiratory Syncytial Virus (RSV) Recombinant vaccine (Abrysvo, Pfizer) Adjuvanted recombinant vaccine (Arexvy, GSK) mRNA vaccine (mRESVIA, Moderna)	Adults with IBD ≥75 y of age. Adults with IBD 60–74 y of age with certain medical conditions or risk factors for severe RSV disease.	Once.
<input type="checkbox"/> Hepatitis B Heplisav-B Engerix-B or Recombivax HB	All adult patients with IBD. Universal vaccination is recommended for all adults 19–59. <sup>6</sup>	Heplisav-B: Two-dose series (HepB-CpG) at 0 and 1 month. Engerix-B or Recombivax HB: Three-dose series at 0, 1, and 6 months. Twinrix® (Hep A-Hep B): Three-dose series at 0, 1, and 6 months.

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Vaccines	Which Patients	How Often
<input type="checkbox"/> Tetanus Diphtheria Pertussis (Tdap or Td) Hepatitis A Meningococcal ACWY (Men ACWY)		Follow recommendations for the general population.
Live Vaccines		
<input type="checkbox"/> Measles, Mumps, and Rubella (MMR) Two-Dose <b>Live Vaccine</b>	Patients with IBD not immune to MMR. If immune status is uncertain, obtain immunization history. IgG antibody titer can be checked but not recommend by ACIP. <b>MMR live vaccine should not be given to patients currently on systemic immunosuppressive therapy.</b> <sup>7</sup>	Should receive a 2-dose series, at least 4 weeks apart.
<input type="checkbox"/> Varicella Two-Dose <b>Live Vaccine</b>	Documentation of two doses or varicella vaccine. Serology not recommended by ACIP for evaluation of vaccine induced immunity in those with appropriate documentation. <sup>8</sup>	All patients who are not immune should receive a 2-dose series, 4–8 weeks apart, ≥4 weeks before immunosuppression, if therapy can be postponed.

Cancer Screening	Which Patients	How Often
<input type="checkbox"/> Colorectal	All IBD patients with extensive colitis (>1/3 of the colon) for ≥8 years should undergo surveillance colonoscopy every 1–3 years, depending on cancer risk.	Patients with IBD with a diagnosis of PSC should undergo colonoscopy, starting at the time of PSC diagnosis, and annually thereafter. Patients with IBD with features that are high-risk for developing colon cancer (i.e. prior history of adenomatous polyps, dysplasia, family history of colon cancer and extensive colitis) should have colonoscopies more frequently than every 3 years.
<input type="checkbox"/> Cervical	All women with IBD who are being treated with systemic immunosuppression.*	Cervical cancer by cytology annually (if cytology alone) or every 3 years (if HPV negative).
<input type="checkbox"/> Skin	All IBD patients being treated with systemic immunosuppression.*	Annual total body skin exams.

Other Screenings	Which Patients	How Often
<input type="checkbox"/> Mental Health	All	At new visits, least annually thereafter, educate patients about the increased risk and impact of depression, anxiety and medical trauma in IBD. <sup>b</sup> Screen for mental health symptoms including depression and anxiety. <sup>c</sup> Consider a free objective measure (e.g., PHQ2/PHQ9 for depression; GAD7 for anxiety) or ask: <i>How have you been feeling emotionally/how have you been coping with your condition?</i> . Identify referral options <sup>d</sup> and encourage patients to pursue counseling/therapy and/or medication evaluation if screen is positive.
<input type="checkbox"/> Nutrition	Screen and assess all patients with IBD via CCF Nutrition Care Pathway. <sup>e</sup>	Annually or with flares.

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<input type="checkbox"/>	Osteoporosis	All	Screen for osteoporosis by central (hip and spine) DXA scan in all patients with IBD if ANY risk factors for osteoporosis; low BMI, >3 months cumulative steroid exposure, smoker, post-menopausal, hypo-gonadism, malnutrition, restrictive diet, malabsorption, or vitamin D/Calcium deficiency. Repeat in 5 years and no sooner than 2 years <sup>9</sup> if initial screen is normal. Vitamin D (800-1000 IU per day) and calcium (1200 mg/day) for Women >65 yo, male > 70 yo (regardless of clinical risk factors).
Other Screenings		Which Patients	How Often
<input type="checkbox"/>	Smoking	All	Refer current smokers for smoking cessation therapy.
<input type="checkbox"/>	Latent infections Hepatitis B and Tuberculosis	Patients with IBD starting on anti-TNF therapy, ustekinumab, risankizumab, upadacitinib, or tofacitinib	Evaluate prior to starting advanced IBD therapy.

a Systemic immunosuppression refers to current treatment with prednisone (>20mg/day for more than 14 days), azathioprine (>2.5 mg/kg/day) mercaptopurine (>1.5 mg/kg/day), methotrexate (>0.4 mg/kg/week), cyclosporine, tacrolimus, infliximab, adalimumab, golimumab, certolizumab, ustekinumab, risankizumab, mirikizumab, guselkumab, etrasimod, ozanimod, upadacitinib or tofacitinib.

b [Mental and Emotional Well-Being | Crohn's & Colitis Foundation](#)

c <https://pubmed.ncbi.nlm.nih.gov/39173019/>

d

Therapy directories:

- <https://www.findapsychologist.org/>
- <https://romegipsych.org>
- <https://www.psychologytoday.com/us/therapists>
- <https://helloalma.com/>
- [Headway | Find Therapists Covered by Your Insurance](#)

Psychiatry directory:

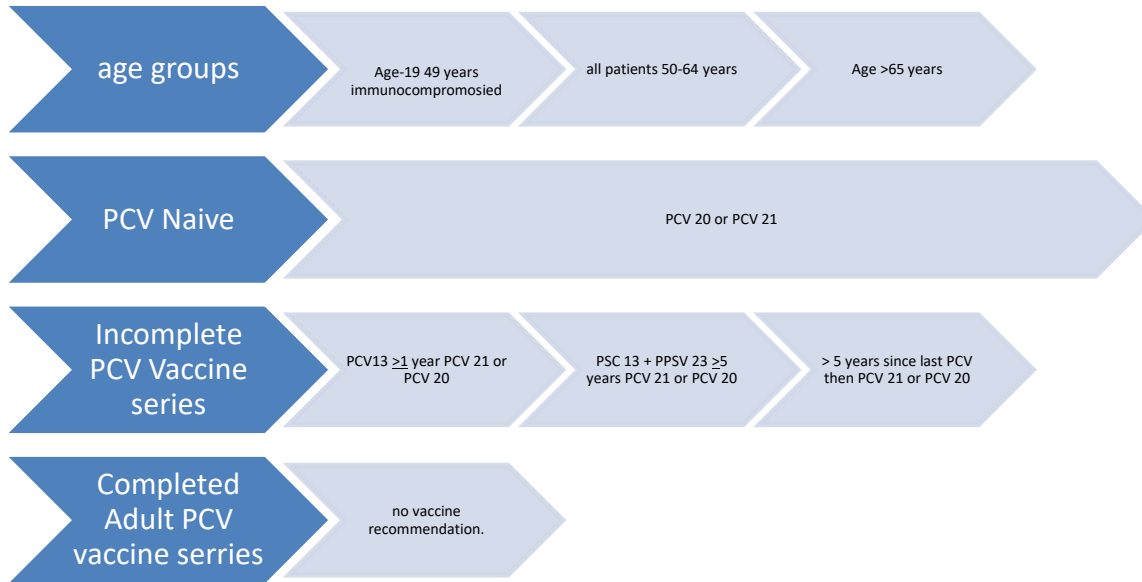
- <https://www.psychologytoday.com/us/psychiatrists>

e Assess patients for Low, Moderate or High Risk based on MUST. [www.crohnscolitisfoundation.org/research/ibd-gorus/care-pathways](http://www.crohnscolitisfoundation.org/research/ibd-gorus/care-pathways)

*Basic Labs: Hgb, CRP, Lytes, Albumin, Ferritin, Transferrin %, VitD25OH, B12, B6 (PLP).*

*Malnutrition Labs: Above + Mag, Phos, Methylmalonic Acid, Folate, Thiamine, Zinc.*

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## References:

- 1 Farraye FA, Melmed GY, Lichtenstein GR, et al. ACG Clinical Guideline Update: Preventive Care in Inflammatory Bowel Disease. *Am J Gastroenterol*. 2025;120(7):1447-1473.
- 2 Caldera F, Kane S, Long M, Hashash JG. AGA Clinical Practice Update on Noncolorectal Cancer Screening and Vaccinations in Patients With Inflammatory Bowel Disease: Expert Review. *Clin Gastroenterol Hepatol*. 2025;23(5):695-706.
- 3 Caldera F, Hillman L, Saha S, et al. Immunogenicity of High Dose Influenza Vaccine for Patients with Inflammatory Bowel Disease on Anti-TNF Monotherapy: A Randomized Clinical Trial. *Inflamm Bowel Dis*. 2020;26(4):593-602.
- 4 Grohskopf LA, Ferdinands JM, Blanton LH, Broder KR, Loehr J. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices - United States, 2024-25 Influenza Season. *MMWR Recomm Rep*. 2024;73(5):1-25.
- 5 Anderson TC, Masters NB, Guo A, et al. Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged ≥19 Years: Recommendations of the Advisory Committee on Immunization Practices - United States, 2022. *MMWR Morb Mortal Wkly Rep*. 2022;71(3):80-84.
- 6 Weng MK, Doshani M, Khan MA, et al. Universal Hepatitis B Vaccination in Adults Aged 19-59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices - United States, 2022. *MMWR Morb Mortal Wkly Rep*. 2022;71(13):477-483.
- 7 McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2013;62(Rr-04):1-34.
- 8 Marin M, Güris D, Chaves SS, Schmid S, Seward JF. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2007;56(Rr-4):1-40.
- 9 Osteoporosis Prevention, Screening, and Diagnosis: ACOG Clinical Practice Guideline No. 1. *Obstet Gynecol*. 2021;138(3):494-506.